



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Insurance Division – Agent Licensing
500 James Robertson Parkway
Nashville, TN 37243-1134
615 741-2693

Fax: (615) 532-2862

ce.agent.licensing@tn.gov

**LICENSING REQUIREMENTS FOR
TRAVEL INSURANCE SUPERVISING ENTITY**

Effective January 1, 2016, the Commissioner of the Department of Commerce and Insurance (Commissioner) may issue a travel insurance supervising entity license to an individual or business entity which authorizes the travel insurance supervising entity to sell, solicit, or negotiate travel insurance through a travel retailer.

A travel retailer means a business entity that makes, arranges, or offers travel services and may offer and disseminate travel insurance as a service to its customers on behalf of and under the direction of a travel insurance supervising entity.

Application Procedure

1. Complete and sign travel insurance supervising entity application.
2. Fee: \$750.00.
3. Provide one licensed individual as the designated responsible producer (DRP) for business entity applications. Individuals applying for a travel insurance supervising entity license must hold an active Tennessee insurance producer license.
4. Provide a register of each travel retailer offering travel insurance on the travel insurance supervising entity's behalf (form included with application).
5. License will expire annually on March 1.

Renewal

1. Complete and sign renewal application.
2. Fee: \$750.00.
3. Renewal notices will be mailed within 30 days of license expiration date.

Completed application and fee must be mailed to:

Tennessee Department of Commerce and Insurance
Attention: Agent Licensing
500 James Robertson Parkway
Nashville, TN 37243-1134



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DEPARTMENT OF COMMERCE AND INSURANCE**

500 James Robertson Parkway
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**TRAVEL INSURANCE SUPERVISING ENTITY
LICENSE APPLICATION**

TYPE OF LICENSE REQUESTED Entity Individual (check one)

Name (Entity or Individual)		Entity Incorporation/Formation (Month ___ Day ___ Year ___)		FEIN
Owner – Last Name	First Name	Middle	Date of Birth / ___ / ___	
Business Street Address (may not be P.O. Box)		City	State	Zip Code
Mailing Address		City	State	Zip Code
Business Phone Number (include extension)		Fax Number	Email Address	
Website				
List all officers or persons who direct or control the travel insurance supervising entity's insurance operations.				
Name	Title	SSN/FEIN	Owner: Yes / No	
Name	Title	SSN/FEIN	Owner: Yes / No	
Name	Title	SSN/FEIN	Owner: Yes / No	
Individual applicants must be licensed in Tennessee as an insurance producer.				
TN Insurance Producer Number	NPN	Social Security Number	Date of Birth / ___ / ___	
Home Address (Individual Applicant)		City	State	Zip Code

Designated/Responsible Licensed Producer

Identify at least one Designated/Responsible Producer for Business Entity Applicants
(Individual applicants must hold an active Tennessee insurance producer license.)

Name	
SSN	TN Insurance Producer License #
Address	
Phone	Email

TRAVEL RETAILER REGISTER

List all TRAVEL RETAILERS that offer travel insurance on the travel insurance supervising entity's behalf. Attach additional copies of this register if necessary.

Traveler Retailer _____ FEIN# _____

Address _____

City _____ State _____ Zip Code _____

Contact Information (officer or person who directs the travel retailer's operations)

Name _____ Phone _____ Email _____

List all officers or persons who direct or control the travel retailer's insurance operations.

Name _____ Title _____ SSN/FEIN _____ Owner: Yes /No

Name _____ Title _____ SSN/FEIN _____ Owner: Yes /No

Name _____ Title _____ SSN/FEIN _____ Owner: Yes / No

Travel Retailer _____ FEIN # _____

Address _____

City _____ State _____ Zip Code _____

Contact Information (officer or person who directs the travel retailer's operations)

Name _____ Phone _____ Email _____

List all officers or persons who direct or control the travel retailer's insurance operations.

Name _____ Title _____ SSN/FEIN _____ Owner: Yes /No

Name _____ Title _____ SSN/FEIN _____ Owner: Yes /No

Name _____ Title _____ SSN/FEIN _____ Owner: Yes / No

Travel Retailer _____ FEIN # _____

Address _____

City _____ State _____ Zip Code _____

Contact Information (officer or person who directs the travel retailer's operations)

Name _____ Phone _____ Email _____

List all officers or persons who direct or control the travel retailer's insurance operations.

Name _____ Title _____ SSN/FEIN _____ Owner: Yes /No

Name _____ Title _____ SSN/FEIN _____ Owner: Yes /No

Name _____ Title _____ SSN/FEIN _____ Owner: Yes / No

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor?
Yes _____ No _____

1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a felony?
Yes _____ No _____

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A _____ Yes _____ No _____

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A _____ Yes _____ No _____

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)

1c. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense?
Yes _____ No _____

NOTE: For Questions 1a, 1b, and 1c "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes to any of these questions, you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration?
Yes _____ No _____

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.
N/A _____ Yes _____ No _____

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?
Yes _____ No _____

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?
Yes _____ No _____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes _____ No _____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a license, and
- b) copies of all relevant documents.

Applicant's Certification and Attestation

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties
2. Unless provided otherwise by law or regulation of Tennessee, the business entity or limited liability company hereby designates the Commissioner to be its agent for service of process regarding all insurance matters in Tennessee and agrees that service upon the Commissioner is the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner to verify any information supplied with any federal, state, or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company either a) does not have current child-support obligation or b) has a child-support obligation and is currently in compliance with the obligation.
5. I authorize the Tennessee Department of Commerce and Insurance to give any information they may have concerning me to any federal, state, or municipal agency, or any other organization, and I release the Tennessee Department of Commerce and Insurance and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the applicable insurance laws and regulations of Tennessee.
7. I hereby certify that, upon request, I will furnish certified copies of any documents attached to this application or requested by the Tennessee Department of Commerce and Insurance.
8. I certify that the Travel Retailer register which lists Travel Retailers who offer travel insurance on the travel insurance supervising entity's behalf, complies with U.S.C. § 1033.

Must be signed by an officer, director, or partner of the travel insurance supervising entity, or member or manager of the limited liability company:

Month/Day/Year

Signature

Typed or Printed Name

Title

Address

City

State

Zip